

UTAH CREDIT LIFE INSURANCE and
CREDIT ACCIDENT & HEALTH INSURANCE REPORT
DUE: MAY 1ST EACH YEAR

✓Check-Off List

This form must be the first page of your filing.

COMPANY NAME _____
ADDRESS _____
Utah Cert. of Authority # _____ Insurer NAIC# _____ Insurer NAIC Group # _____

All insurers are required to submit a cover letter and Parts 1, 2 and 3.

- ☐ **Cover letter is attached.** One original, one copy and include a **postage paid envelope**.
- ☐ **Part 1** FOUR YEAR LOSS RATIO REPORT. Write in the loss ratios from Loss Ratio Report, Line 3.A.
- ☐ CREDIT LIFE: Company's aggregate 4 year actual loss ratio is ____%.
- ☐ CREDIT ACCIDENT & HEALTH: Company's aggregate 4 year actual loss ratio is ____%.
- ☐ **Part 2** CURRENT credit life and Accident and Health rate schedule. **All forms**
- ☐ **Part 3** NAIC Credit Insurance Experience Exhibit
- ☐ UTAH EXPERIENCE
- ☐ GRAND TOTAL (GT)

Signature of person responsible for this filing _____ Date _____
Name/Title of person responsible for this filing _____
Phone Number _____ E-mail _____ FAX # _____

**NOTE: IF YOUR FILING IS INCOMPLETE OR INACCURATE, IT WILL BE REJECTED AND
RETURNED AND YOU WILL BE REQUIRED TO REFILE**

Failure to comply with the filing requirements may subject you to enforcement penalties pursuant to Utah Code Annotated (U.C.A.) 31A-2-308. Those penalties include monetary forfeitures and/or other sanctions.

If you have questions regarding the filing requirements, you may contact:

Sandra Christensen, Filing Technician, e-mail: schristensen@utah.gov or telephone (801) 538-3863
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Utah Credit Life Insurance and Accident & Health Insurance Report
Part 1
Loss Ratio Report

COMPANY NAME: _____ Utah Cert. of Auth. _____ Insurer NAIC# _____

Credit Life Insurance. Aggregate 4-year loss ratio report following the NAIC format.

	20__	20__	20__	20__	Total
1. Earned Premiums:					
A. Gross written premiums	_____	_____	_____	_____	_____
B. Refunds on terminations	_____	_____	_____	_____	_____
C. Net written premiums (A-B)	_____	_____	_____	_____	_____
D. Premium reserves, start of period	_____	_____	_____	_____	_____
E. Premium reserves, end of period	_____	_____	_____	_____	_____
F. Actual Earned premiums (C+D-E)	_____	_____	_____	_____	_____
G. Earned premiums at prima facie rates	_____	_____	_____	_____	_____
2. Incurred Claims:					
A. Claims paid	_____	_____	_____	_____	_____
B. Unreported claim reserve, start of period	_____	_____	_____	_____	_____
C. Unreported claim reserve, end of period	_____	_____	_____	_____	_____
D. Claim reserves, start of period	_____	_____	_____	_____	_____
E. Claim reserves, end of period	_____	_____	_____	_____	_____
F. Incurred claims (A-B+C-D+E)	_____	_____	_____	_____	_____
3. Loss Percentage:					
A. Actual loss percentage (2F/1F)	_____	_____	_____	_____	_____
B. Loss percentage at prima facie rates (2F/1G)	_____	_____	_____	_____	_____

Credit Accident & Health Insurance. Aggregate 4-year loss ratio report following the NAIC format.

	20__	20__	20__	20__	Total
1. Earned Premiums:					
A. Gross written premiums	_____	_____	_____	_____	_____
B. Refunds on terminations	_____	_____	_____	_____	_____
C. Net written premiums (A-B)	_____	_____	_____	_____	_____
D. Premium reserves, start of period	_____	_____	_____	_____	_____
E. Premium reserves, end of period	_____	_____	_____	_____	_____
F. Actual Earned premiums (C+D-E)	_____	_____	_____	_____	_____
G. Earned premiums at prima facie rates	_____	_____	_____	_____	_____
2. Incurred Claims:					
A. Claims paid	_____	_____	_____	_____	_____
B. Unreported claim reserve, start of period	_____	_____	_____	_____	_____
C. Unreported claim reserve, end of period	_____	_____	_____	_____	_____
D. Claim reserves, start of period	_____	_____	_____	_____	_____
E. Claim reserves, end of period	_____	_____	_____	_____	_____
F. Incurred claims (A-B+C-D+E)	_____	_____	_____	_____	_____
3. Loss Percentage:					
A. Actual loss percentage (2F/1F)	_____	_____	_____	_____	_____
B. Loss percentage at prima facie rates (2F/1G)	_____	_____	_____	_____	_____

Utah Credit Life & Disability Insurance Report
Part 2
Current credit life and disability rate schedule. All forms.

COMPANY NAME: _____ Utah Cert. of Auth. # _____ Insurer NAIC# _____

Contract form # _____ Certificate form # _____ Marketing status: ___ Active * ___ Not active
*Explain _____

Credit Life Coverage (Indicate coverage and rates)

% of Prima Facie Rate

Method of premium charge (check one)	_____ %	Single Premium	_____	MOB
Covered lives (choose one)	_____	Single life	_____	Joint lives (Factor _____%)
Coverage type (choose one)	_____	Decreasing	_____	Level
Premium Rate (choose one)	_____	per \$100 of initial net indebtedness		
	_____	per \$100 of initial gross indebtedness		
	_____	per \$1000 of monthly outstanding net balance		
	_____	per \$1000 of monthly outstanding gross balance		
Benefit (choose one)	_____	outstanding net balance		
	_____	outstanding gross balance		
	_____	other (describe) _____		
Closed-End? (check one)	_____	YES	Term	_____ months
	_____	NO	Term	_____ months
Full Term? (check one)	_____	YES	Term	_____ months
	_____	NO (Truncated)	Term	_____ months
Limitations (list all)	_____			

Credit Accident & Health Coverage (Indicate coverage and rates)

% of Prima Facie Rate

Method of premium charge (check one)	_____ %	Single Premium	_____	MOB
Covered lives (choose one)	_____	Single life	_____	Joint lives (Factor _____%)
Premium Rate (choose one)	_____	per \$100 of initial net indebtedness		
	_____	per \$100 of initial gross indebtedness		
	_____	per \$1000 of monthly outstanding net balance		
	_____	per \$1000 of monthly outstanding gross balance		
Benefit (choose one)	_____	outstanding net balance		
	_____	outstanding gross balance		
	_____	% of initial net indebtedness		
	_____	% of initial gross indebtedness		
	_____	% of outstanding net balance on the day of disability		
	_____	% of outstanding gross balance on the day of disability		
	_____	other (describe) _____		
Retroactive coverage? (check one)	_____	YES	Number of days	_____
	_____	NO	Number of days	_____
Closed-End? (check one)	_____	YES	Term	_____ months
	_____	NO	Term	_____ months
Limitations (list all)	_____	Maximum benefit amount	Explain	_____
	_____	monthly payment	Explain	_____
	_____	number of payments	Explain	_____
	_____	Critical period	Explain	_____
	_____	other (describe): _____		

I CERTIFY that the above items have been reviewed, responses thereto are correct, provisions and rates are in compliance with applicable code and rules. I FURTHER CERTIFY that this filing complies with all applicable Utah laws and rules.

Print Name _____ Title _____

Original Signature _____ Date _____

Part 3

**Copy of the NAIC Credit Insurance Experience Exhibit
(Utah Experience and Grand Total (GT) only)**